

## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

### TYPE OF DECLARATION

This declaration is of the following type:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Original   | <input type="checkbox"/> Divisional                 |
| <input type="checkbox"/> Design                | <input type="checkbox"/> Continuation               |
| <input type="checkbox"/> Supplemental          | <input type="checkbox"/> Continuation-in-Part (CIP) |
| <input type="checkbox"/> National Stage of PCT |   |

### INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### TITLE OF INVENTION

Nurse Call Interface and Method of Operation

### SPECIFICATION IDENTIFICATION

the specification of which:

☒ is attached hereto.

☐ was filed on \_\_\_\_\_ as

☐ Serial No. 0 /

☐ Express Mail No.

and was amended on

☐ was described and claimed in PCT International Application No. \_\_\_\_\_ filed on \_\_\_\_\_ and as amended under PCT Article 19 on \_\_\_\_\_.

## ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations. §1.56(a).

☐ In compliance with this duty there is attached an information disclosure statement 37 CFR §1.97.

## PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

☒ no such applications have been filed.

☐ such applications have been filed as follows:

Earliest Foreign Applications, if any, Filed Within 12 Months (6 Months Design)  
Prior to This Application

Country	Application No.	Date of Filing (day, month, year)	Priority Claimed Under 37 USC 119

All Foreign Applications, if any, Filed More Than 12 Months (6 Months Design)  
Prior to This Application

Country	Application No.	Date of Filing (day, month, year)	Priority Claimed Under 37 USC 119

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)  
(34 U.S.C. § 119(e))**

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER

FILING DATE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

**POWER OF ATTORNEY**

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Ted D. Lee, Reg. No. 25,819

Michelle L. Evans, Reg. No. 44,673

John C. Cave, Reg. No. 48,084

☒ Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

**Send Correspondence To:**

**Direct Telephone Calls To:**

**Michelle L. Evans  
Gunn, Lee & Hanor, P.C.  
700 N. St. Mary's Street, Suite 1500  
San Antonio, Texas 78205**

**Michelle L. Evans  
(210) 886-9500**

**DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true, all statements made herein on information and belief are believed to be true, and all statements made herein are made with the knowledge that whoever, in any matter within the jurisdiction of the Patent and Trademark Office, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be subject to fine not more than \$10,000 or imprisonment not more than five years or both, under 18 U.S.C. 1001, and that violations of this paragraph may jeopardize the validity of this application or document, or the validity or enforceability of any patent, trademark registration, or certificate resulting therefrom; and to the best of my knowledge, information, and belief, formed after an inquiry reasonable under the circumstances, this paper is not being presented for any purpose,

such as to harass someone or to cause unnecessary delay or needless increase in the cost of prosecution before the Office; the claims and other legal contentions herein are warranted by existing law or by a nonfrivolous argument for the extension, modification, or reversal of existing law or the establishment of new law; the allegations and other factual contentions have evidentiary support after a reasonable opportunity for further investigation or discovery; and the denials of factual contentions are warranted on the evidence, or if specifically so identified, are reasonably based on a lack of information or belief.

### SIGNATURE(S)

Full name of **sole or first inventor**: Kevin W. Kile

Inventor's signature: KWK

Date 11/18/03 Country of Citizenship: United States

Residence: 9177 Dickson Road Ft Worth, Texas 76179

Post Office Address: (SAME)

Full name of **second joint inventor**, if any: Robert F. Sanford

Inventor's signature: Robert F. Sanford

Date 14 Nov 2003 Country of Citizenship: United States

Residence: 3639 Valley View Ln

Post Office Address: Irmau Mound, TX, 75022-6106

Full name of **third joint inventor**, if any: William J. Kanewske, III

Inventor's signature: Will Kanewske III

Date 11/18/03 Country of Citizenship: United States

Residence: 301 LOVEGRASS LANE, SOUTHLAKE, TX. 76092

Post Office Address: 301 LOVEGRASS LANE, SOUTHLAKE, TX 76092

**ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY  
FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION**

**CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S) UNDER 35 U.S.C. §1.20**

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 USC §120					
U.S. APPLICATIONS			Status (Check one)		
U.S. APPLICATIONS	U.S. FILING DATE		Patented	Pending	Abandoned
1.					
2.					
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NOS. ASSIGNED (if any)			
3.					
4.					

**ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION**

☐ Signature for third and subsequent joint inventors. Number of pages added \_\_\_\_.

☐ Signature by administrator(trix), executor(trix), or legal representative for deceased or incapacitated inventor. Number of Pages added \_\_\_\_.

☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR §1.47. Number of pages added \_\_\_\_.

\* \* \*

☐ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application. Number of pages added \_\_\_\_.

\* \* \*

☐ Authorization of attorney(s) to accept and follow instructions from representative.

\* \* \*

☒ This declaration ends with this page.